

Healthy Relationships

A small group-level intervention with people living with HIV

Course Dates:

May 16 – 19, 2006
Columbia

All trainings will begin promptly at 9 a.m.

Registration form

***For registration, cancellation, or course
Information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhec.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 4-day training focuses on small-group level-interventions with men and women living with HIV/AIDS. Focus is placed on the development of skills, positive expectations, and building self-efficacy about new behaviors through modeling behaviors and practicing new skills.

Topics to be discussed are:

- Decision-making.
- Problem solving.
- How to make informed and safe decision about disclosure and behaviors.
- Safer-sex negotiation skills.

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- Test Decision Counseling, Result Counseling, and Risk Reduction Counseling or Fundamentals of HIV Prevention Counseling.

Audience:

All Health and Human Services Providers

Instructor (s):

Tai Edward Few

Training Hours:

26.5

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____

District or Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Evening:** _____

Fax: _____

E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

Healthy Relationships

___ May 16-19, 2005 Columbia, SC

___ TBA

*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.